MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-029970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 7096 STATE FILE NUMBER

FILED JUL 1 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2			2/19
3			
4	2		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	92-3		
13			

91

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
   c. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Homer G. Phillips — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri — b. COUNTY
   c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 1713 A Bacon St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Sylvester — Middle — Last: Graham

4. DATE OF DEATH: Month: 7 — Day: 5 — Year: 1963

5. SEX: Male

6. COLOR OR RACE: Colored

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-13-10

9. AGE (last birthday): 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Terminal

11. BIRTHPLACE (City and state or country): LaMont, Mississippi

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Cobbs Graham

13b. MOTHER'S MAIDEN NAME: Clara Mc Lemore

14. NAME OF HUSBAND OR WIFE: Olivia Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi): No — None

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Olivia Graham-1713 A Bacon St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion (sclerosis) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 12:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) — 22b. ADDRESS: 1300 Clark — 22c. DATE SIGNED: 7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 7-10-1963 — 23c. NAME OF CEMETERY OR CREMATORY: Little Rock — 23d. LOCATION (City, town, or county) (State): Little Rock, Arkansas

24. FUNERAL DIRECTOR — ADDRESS: Ellis Funeral Home-2820 Stoddard Street

25. DATE RECD. BY LOCAL REG.: JUL 8 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________ Signed Foster E. Perkins
Signature of Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.